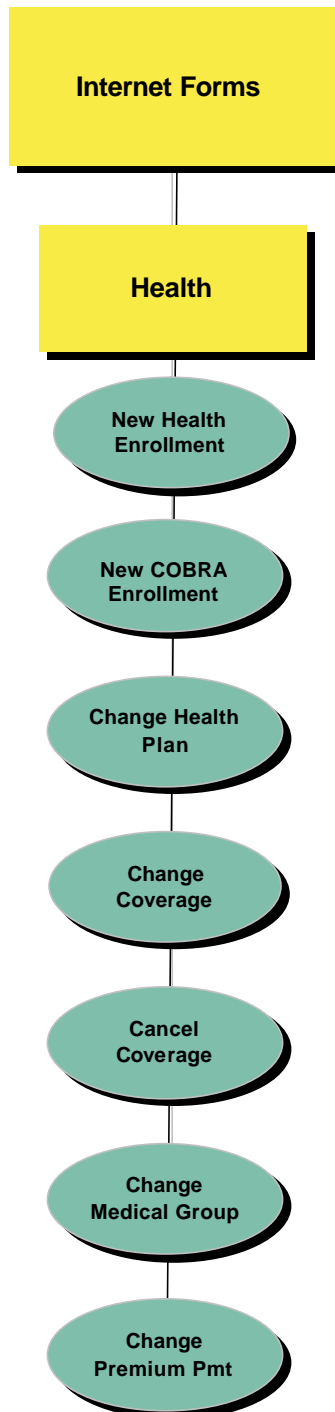


INTERNET FORMS: HEALTH

The **Internet Forms Health** function allows employers to submit new enrollment and change information related to a Participant's health benefits. Click on **Internet Forms**, then the **Health** folder to see the functions available to you, as shown in the diagram below.



New Health Enrollment

Use **New Health Enrollment** to enroll a Participant in Health coverage if the qualifying appointment already exists.

If this is an entirely new Participant to your agency (i.e., the Participant does not already have an appointment with your organization), use the Internet Forms: **New Enrollment** screen.

The first screenshot shows the CaPERS web application interface. The navigation tree on the left includes the following items: Log Out, Change Password, Participant Inquiry, User Account Maintenance, Internet Forms, View/Manage Batch, New Enrollment, Participant Change, Appointment Change, Health, New Health Enrollment, New COBRA Enrollment, Change Health Plan, Change Coverage, Cancel Coverage, Change Medical Group, Change Premium Payment. The 'New Health Enrollment' link is highlighted under the 'Health' folder. A yellow callout '1' points to this link.

The second screenshot shows the 'New Health Enrollment' screen. The form includes the following fields: SSN (890-01-4002), Name (John Wilson), Birth Date (09/12/1962), Organization (Garden Grove City Of). A yellow callout '2' points to the 'Get Data' button. The 'Health Event Reason' dropdown menu is highlighted with a yellow callout '3'.

1. Select the **Health** folder under Internet Forms on the Navigation Tree. Click **New Health Enrollment**.
2. Enter the Participant's SSN and click **Get Data** or press **Enter**.
3. If there are multiple appointments on file, select the appropriate one by clicking on the Effective Date. Continue by entering the Health Enrollment information (**green /bold /italic** fields are required):
 - **Health Event Reason**
 - **Event Date**
 - **Health Benefits Officer (HBO) Received Date**
 - **Health Event Effective Date**

4. Click **Get MedPlan**. This queries ACES for all Medical Groups and Health Plans effective for the ZIP code on the health event effective date (this includes future effective dates) and populates the **Plan Name** drop-down list for selection.

The screenshot shows the 'New Health Enrollment' form in the CalPERS system. The form is titled 'New Health Enrollment' and includes a 'Save' and 'Reset' button (callout 6). The form fields are as follows:

- SSN: 990-01-4002 (with a 'Clear' button)
- Name: John Wilson
- Birth Date: 09/12/1962
- Organization: Garden Grove City Of
- Health Event Reason: (dropdown menu)
- Event Date: (calendar icon)
- HSD Received Date: (calendar icon)
- Health Event Effective Date: (calendar icon)
- Get MedPlan: (button, callout 4)
- Plan Name: (dropdown menu, callout 5)
- Party Rate: (text field)
- Eligibility ZIP: (text field) (if different from mailing address ZIP)
- ER Address: (checkbox)
- Primary Care Physician: (text field)
- Coverage Type: Basic (dropdown menu)
- Medical Group: (dropdown menu)
- Spouse SSN: (text field) (Required if married and not adding as dependent)
- Qualifying SSN: (text field)

5. Continue to enter Health Enrollment information:
 - **Plan Name** (Select available plan from drop-down list)
 - **Party Rate** (See Glossary or on-line Help for definition)
 - Eligibility ZIP (Complete this field only if Residence or Employer ZIP used for eligibility is different from mailing ZIP code)
 - ER Address (Check this box when the enrollment is based on the Employer's ZIP Code)
 - Primary Care Physician
 - Coverage Type (The default is Basic)
 - **Medical Group** (State Agencies will not see this field. This applies to public agency and school district employees only; the recognized employee group associated with the contract (resolution) for health benefits.)
 - Spouse SSN (Required if married or registered domestic partner, unless spouse or domestic partner will also be a dependent on Participant's Health coverage; in that case their SSN is entered in Add Dependent [see Step 7])
 - Qualifying SSN (Required when enrolling in own right due to loss of other CalPERS coverage)

Public Agency Billing

Qualifying SSN:

Health Enrollment - Dependent(s)

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
<p>SSN: <input type="text"/> (Required for spouse/Domestic partners)</p> <p>First Name: <input type="text"/></p> <p>Middle Name/Initial: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Name Suffix: <input type="text"/></p> <p>Gender: <input type="text"/></p> <p>Birth Date: <input type="text"/> (mm/dd/yyyy)</p> <p>Relationship: <input type="text"/></p> <p>Coverage Type: <input type="text"/></p> <p>Primary Care Physician: <input type="text"/></p> <p>Add to List</p>					

Save **Reset**

6. If the Participant has dependents to enroll, go to Step 7. If there are no dependents to enroll, click **Save**.
7. At Health Enrollment – Dependent(s), enter dependent information as follows (**green /bold /italic** fields are required):
 - Social Security Number (Required for spouse or domestic partners. Users are encouraged to enter SSNs for all dependents)
 - **First Name**
 - Middle Name/Initial
 - **Last Name**
 - Name Suffix
 - **Gender**
 - **Birth Date**
 - **Relationship**
 - **Coverage Type** (the default is basic)
 - Primary Care Physician
8. When you have entered all **green /bold /italic** information and all applicable optional information for the dependent, click **Add to List**. *If this step is skipped, dependent information will not be sent to CalPERS.*
 - If this is the only dependent to be added, go to Step 11
 - To enroll additional dependents, repeat Steps 7 and 8
 - If you want to correct or change information after you have clicked **Add to List**, go to Step 9

Don't forget to submit your batch via View/Manage Batch!

Public Agency Billing

Health Enrollment - Dependent(s)

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
--	Frodo Baggins	02/14/2002	Child	Male	Basic

1 of 1

SSN: (Required for spouse/Domestic partners)

First Name:

Middle Name/Initial:

Last Name:

Name Suffix:

Gender:

Birth Date: / / (mm/dd/yyyy)

Relationship:

Coverage Type:

Primary Care Physician:

9 10 11

9. To make changes to a dependent you have just added (but not yet saved), click on the [dependent name](#). When information previously entered appears, make desired changes. Click **Update List**.
10. To delete a dependent you have just added to the dependent list (but not yet saved), click on [dependent name](#). The information previously entered for this dependent appears. Click **Delete from List**.
11. When all adds/changes/deletes are completed, click **Save**.

Don't forget to submit your batch via View/Manage Batch!

New COBRA Enrollment

1. From the Health folder in the Navigation Tree, select **New COBRA Enrollment**.
2. Enter the COBRA participant's SSN, Health Event Effective Date, and Birth Date. Click **Get Data** or press **Enter**.

The screenshot displays the GaPERS Automated Communications Exchange System (New Connections) interface. The left navigation tree is expanded to the 'Health' folder, where 'New COBRA Enrollment' is selected. The main content area shows the 'New COBRA Health Enrollment' form. The form includes fields for SSN, Health Event Effective Date, and Birth Date, each with a corresponding 'Get Data' button. A callout labeled '1' points to 'New COBRA Enrollment' in the navigation tree, and a callout labeled '2' points to the 'Get Data' button next to the Birth Date field.

Callout 1: New COBRA Enrollment

Callout 2: Get Data

3. Verify or enter the following (**green /bold /italic** fields are required):

- First name
- Middle name/initial
- **Last name**
- Name suffix
- **Gender**
- Employee's (EE) daytime telephone number

4. Verify or enter Participant's address.

- Domestic or Foreign Address Type (the default is Domestic)
- **Address Type** (the default is Mailing)
- Supplemental Address Type
- Supplemental Address Line (prints above address line to be used with Supplemental Address Type)
- **Street Address /PO Box**
- Additional Address Line
- **City**
- **State**
- **ZIP** (only first five digits are required)

5. Click **Health**.

The screenshot shows a web browser window titled "CalPERS - ACES - Microsoft Internet Explorer". On the left is a navigation menu with categories like "Internet Forms", "Health", "Dependent", and "Health/Membership File Transfer". The main content area is titled "COBRA Health Enrollment" and contains the following fields:

- Health Event Reason:** 132 - COBRA Loss of Employment (dropdown)
- Event Date:** (mm/dd/yyyy)
- HBO Received Date:** (mm/dd/yyyy)
- Plan Name:** (dropdown)
- Party Rate:** (text box)
- Eligibility Basis:** COBRA Qual Subscriber (dropdown)
- Eligibility ZIP:** (text box) (if different from mailing address ZIP) ☐ ER Address
- Primary Care Physician:** (text box)
- Coverage Type:** Basic (dropdown)
- Spouse SSN:** (text box) (Required if married and not adding as dependent)
- COBRA Start Date:** 09/01/2005 (mm/dd/yyyy)
- COBRA End Date:** (mm/dd/yyyy)
- Qualifying SSN:** (text box)

A yellow callout bubble with the number "6" is positioned to the right of the form fields, indicating the step number.

6. Enter the COBRA Health Enrollment information (**green /bold /italic** fields are required):
- **Health Event Reason**
 - **Event Date**
 - **Health Benefits Officer (HBO) Received Date**
 - **Plan Name** (ACES provides a list of all plans, including plans which may not be in participant's ZIP code)
 - **Party Rate** (See Glossary or on-line Help for definition)
 - **Eligibility Basis** (This field will appear if the Health Event Reason Code selected is 131, 132, 137, or 138. Leave at the default "COBRA Qual Subscriber" [This does not become a required field for dependents.])
 - Eligibility ZIP (Complete this field only if necessary to qualify for a specific plan or if different from mailing ZIP code)
 - ER Address (Check this box when the enrollment is based on the Employer's ZIP code)
 - Primary Care Physician
 - Coverage Type (The default is Basic)
 - Spouse SSN (Required if married or registered domestic partner, unless spouse or domestic partner will also be a dependent on Participant's Health coverage; in that case their SSN is entered in Add Dependent [see Step 7])
 - COBRA Start Date (This field will populate based on the information in Step 2. This is not a changeable field)
 - **COBRA End Date** (COBRA Beginning and Ending Date information can be accessed by clicking on **Screen Help**, scrolling to Step 15 and clicking on the COBRA End Date link)

- Enter Qualifying SSN if the enrollment is for a dependent. The Qualifying SSN is the Social Security Number of the Employee.

Qualifying SSN:

COBRA Health Enrollment - Dependent(s)

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
SSN: <input type="text"/> (Required for spouse/Domestic partners)	First Name: <input type="text"/> Middle Name/Initial: <input type="text"/> Last Name: <input type="text"/> Name Suffix: <input type="text"/>	Birth Date: <input type="text"/> (mm/dd/yyyy)	Relationship: <input type="text"/>	Gender: <input type="text"/>	Coverage Type: <input type="text"/> Basic

Primary Care Physician:

Add to List

<<Address

Save

7. If enrolling dependents, scroll down and add dependents or update the coverage type for existing dependents on the list. For additional information about adding dependents, see the New Health Enrollment section in this User Guide.
8. Click **Save**.



1. Open the Internet Forms folder, and click on **Health**, then on **Change Health Plan**.
2. Enter Participant SSN and click **Get Data** or press **Enter**.

3. Enter/edit the following information (**green/italic** fields are required):
 - **Health Event Reason** (Select the reason code from the drop-down list)
 - **Event Date** (Enter the open enrollment date or date of relocation)
 - **HBO Received Date** (Enter date the request was received by employer)
 - **Health Event Effective Date** (Enter the effective date of change)
4. Click **Get Plan**. This queries the system for all available Health Plans effective on the effective date and populates the **Plan Name** drop-down list. This includes future effective dates.

CaIPERS - ACES - Microsoft Internet Explorer provided by CaIPERS

CaIPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help]

Change Health Plan

SSN: 890-01-5681 Clear

Name: Max Million Birth Date: 10/02/1953

Organization: Department Of Corrections Pelican Bay State Prison

Health Event Reason: [Dropdown]

Event Date: [mm/dd/yyyy]

HBO Received Date: [mm/dd/yyyy]

Health Event Effective Date: [mm/dd/yyyy]

Get Plan

Plan Name: PERSCare-BC-278

Party Rate: 2

Eligibility ZIP: [] (if different from mailing address ZIP) ☐ ER Address

Primary Care Physician: []

Choose Dependent from list below to Change that Dependent's Primary Care Physician

Select	SSN	Name	Birth Date	Relationship	Primary Care Physician
<input checked="" type="checkbox"/>	--	Kimberly K Million	03/23/1941	Spouse	Dr Lance Armstrong

1 of 1

Save Reset

5. Enter/edit the following information (fields in **green /bold /italic** required):
 - **Plan Name** (The current plan will populate. Select the new plan)
 - Party Rate (This field is not changeable)
 - Eligibility ZIP (Complete this field only if Residence or Employer ZIP used for eligibility is different from mailing ZIP code)
 - ER Address (Check this box if the Eligibility ZIP is the Employer's ZIP Code)
 - Primary Care Physician
6. To add a dependent's Primary Care Physician information, check the box next to the dependent(s), and enter/edit the Primary Care Physician.
7. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Coverage

The **Change Coverage** screen is used to submit a change to a Participant's and/or dependent's coverage type (i.e., from Basic to Medicare).

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click on **Change Coverage**.
2. Enter the Participant's SSN and click **Get Data** or press **Enter**.

The image displays two screenshots of the CaPERS Automated Communications Exchange System interface, showing the 'New Connections' page. The top screenshot shows the 'Change Coverage Type' section with a 'Get Data' button highlighted by a yellow callout '2'. The bottom screenshot shows the same page with a 'Change Coverage Type' section that is more populated. A yellow callout '1' points to the 'Internet Forms' menu item in the left sidebar. A yellow callout '3' points to the 'Health Event Reason' dropdown menu. The bottom screenshot also shows a table of dependents and a 'Choose Dependent from list below to Change that Dependent's Coverage' section.

Top Screenshot:

CaPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help]

Change Coverage Type

Change Coverage Type

SSN: (Click one time only)

Name: Birth Date:

Organization:

Left Sidebar:

- Log Out
- Change Password
- Participant Inquiry
- User Account Maintenance
- Internet Forms
 - View/Manage Batch
 - New Enrollment
 - Participant Change
 - Appointment Change
 - Health
 - New Health Enrollment
 - New COBRA Enrollment
 - Change Health Plan
 - Change Coverage
 - Cancel Coverage
 - Change Medical Group
 - Change Premium Payment
 - Dependent

Bottom Screenshot:

CaPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help]

Change Coverage Type

Change Coverage Type

SSN: 890-01-5681

Name: Max Million Birth Date: 10/02/1953

Organization: Department Of Corrections Pelican Bay State Prison

Health Event Reason:

Event Date: (mm/dd/yyyy)

HBO Received Date: (mm/dd/yyyy)

Health Event Effective Date: (mm/dd/yyyy)

Plan Name: Health Net-086

Party Rate: 2

Participant Coverage:

Primary Care Physician:

Left Sidebar:

- Log Out
- Change Password
- Participant Inquiry
- User Account Maintenance
- Internet Forms
 - View/Manage Batch
 - New Enrollment
 - Participant Change
 - Appointment Change
 - Health
 - New Health Enrollment
 - New COBRA Enrollment
 - Change Health Plan
 - Change Coverage
 - Cancel Coverage
 - Change Medical Group
 - Change Premium Payment
 - Dependent

Choose Dependent from list below to Change that Dependent's Coverage

Select	SSN	Name	Birth Date	Relationship	Coverage
<input type="checkbox"/>		Kimberly K Million	03/23/1941	Spouse	Basic <input type="button" value="v"/>

1 of 1

3. Enter/edit the following information (**green /bold /italic** fields are required):
- **Health Event Reason** (Select the reason code from the drop-down list)
 - **Event Date** (e.g., Medicare effective date)
 - **HBO Received Date** (Enter the date the request was received by employer)
 - **Health Event Effective Date** (Enter the effective date of the change)
 - Plan Name (This field is not changeable)
 - Party Rate (Defaults to current party rate – not an editable field)

- **Participant Coverage** (If this change is for the Participant, select appropriate coverage type and proceed to Step 6. If change is for a dependent, select coverage type of basic, and go to Step 4)
- Click the box next to the appropriate dependent to place a check mark in the Select column.

CaPERS - ACES - Microsoft Internet Explorer provided by CaPERS

CaPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help] **Change Coverage Type**

Change Coverage Type

SSN: 890-01-5681 Clear

Name: Max Million Birth Date: 10/02/1953

Organization: Department Of Corrections Pelican Bay State Prison

Health Event Reason:

Event Date: (mm/dd/yyyy)

HBO Received Date: (mm/dd/yyyy)

Health Event Effective Date: (mm/dd/yyyy)

Plan Name: Health Net-086

Party Rate: 2

Participant Coverage:

Primary Care Physician:

Choose Dependent from list below to Change that Dependent's Coverage

Select	SSN	Name	Birth Date	Relationship	Coverage
<input checked="" type="checkbox"/>		Kimberly K Million	03/23/1941	Spouse	Medicare

1 of 1

Save Reset

- Select **Coverage** type from drop-down list.
- When all Participant and dependent coverage changes have been made, click **Save**.

Don't forget to
submit your
batch via
View/Manage
Batch!

Cancel Coverage

The **Cancel Coverage** screen is used to cancel a Participant's health coverage.

1. Open the Internet Forms folder, and click on **Health**, then on **Cancel Coverage**.
2. Enter Participant's SSN and click **Get Data** or press **Enter**.

The image displays two screenshots of the CaPERS web application interface. The top screenshot shows the 'Cancel Coverage' form with fields for SSN, Name, Birth Date, and Organization. A callout '2' points to the 'Get Data' button. The bottom screenshot shows the same form after data entry, with fields for Health Event Reason, Event Date, HBO Received Date, Health Event Effective Date, Plan Name, and Party Rate. Callouts '1', '3', and '4' point to the 'Health' menu item, the date fields, and the 'Save' button respectively.

3. Enter/edit the following information (**green /bold /italic** fields are required):
 - **Health Event Reason** (Select the reason code from the drop-down list)
 - **Event Date** (e.g., date of Participant's request)
 - **HBO Received Date**. Enter date the request was received by employer.
 - **Health Event Effective Date** (Enter the effective date of change)
 - Plan Name (This field is not changeable)
 - Party Rate (This field is not changeable)
4. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Medical Group

Use the **Change Medical Group** function to change the medical group (recognized employee group) for a Participant who is an employee of a public agency or school district. (State Agencies will not use this function. This applies to public agency and school district employees only; the recognized employee group associated with the contract (resolution) for health benefits.)

The screenshots illustrate the 'Change Medical Group' process in the CaPERS system. The first screenshot shows the navigation tree on the left with 'Change Medical Group' highlighted under the 'Health' folder (callout 1). The second screenshot shows the form with fields for SSN (890-01-4444), Name (Glenda Monroe), Birth Date (10/21/1943), and Medical Group Effective Date (03/05/2000). The 'Get Med Group' button (callout 4) is used to query the system for available medical groups. The dropdown menu for Medical Group (callout 5) shows '000 ALL EMPLOYEES'. The 'Save' and 'Reset' buttons (callout 6) are at the bottom right.

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click **Change Medical Group**.
2. Enter Participant's SSN and click **Get Data** or press **Enter**.
3. Enter the **Medical Group Effective Date**.
4. Click **Get Med Group**. This will query the system for all available Medical Groups for the effective date (including a future effective date) and populate them in the drop-down list for selection.
5. Select the participant's **Medical Group** (recognized employee group).
6. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Premium Payment

Changes a Participant's method of premium payment to or from regular payroll or direct pay. Payment method changes are usually the result of a Participant going on or returning from a leave of absence.

1. Open the Internet Forms folder on the Navigation Tree, then open the **Health** folder and click **Change Premium Payment**.

The image consists of two screenshots of the CalPERS ACES system. The left screenshot shows the navigation tree on the left side of the browser window. The 'Internet Forms' folder is expanded, and the 'Health' folder is selected. Under 'Health', the 'Change Premium Payment' option is highlighted. A yellow callout bubble with the number '1' points to this option. The right screenshot shows the 'Change Premium Payment Method' form. At the top, there is a 'Get Data' button next to the SSN field. A yellow callout bubble with the number '2' points to this button. Below the SSN field, there are fields for Name, Birth Date, and Organizations. A yellow callout bubble with the number '3' points to a group of date fields: 'Event Date', 'HBO Received Date', and 'Health Event Effective Date'. At the bottom of the form, there is a 'Save' button. A yellow callout bubble with the number '4' points to this button.

2. Enter Participant's SSN and click **Get Data** or press **Enter**.
3. Enter/edit the following information (**green /bold /italic** fields are required):
 - **Health Event Reason** (Select the reason code from the drop-down list)
 - Premium Payment Method (This field populates automatically after Health Event Reason is selected)
 - **Event Date**
 - **HBO Received Date** (Enter the date the request was received by employer)
 - **Health Event Effective Date** (Enter the effective date of change)
 - Plan Name (This field is not changeable)
 - Party Rate (This field is not changeable)
4. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Please Note: If the employee is on leave without pay and does not wish to continue health coverage by Direct Pay of premiums, a cancellation of coverage must be processed using Reason Code 533. Upon return to work with pay, a new enrollment must be processed using Reason Code 160.